



Patent  
Attorney's Docket No. 016800-454

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Olivier de LACHARRIERE et al.

Application No.: 09/902,266

Filed: July 11, 2001

For: VITAMIN/METAL SALT  
COMPOSITIONS FOR REDUCING  
HAIR LOSS AND/OR PROMOTING  
HAIR REGROWTH

Group Art Unit: 1654 ✓

Examiner: M. Flood

Confirmation No.: 8334

RECEIVED  
DEC 19 2003  
TECH CENTER 1800/2900

**REQUEST FOR CONTINUED EXAMINATION  
TRANSMITTAL LETTER**

**MAIL STOP RCE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No. 21839

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the  
[ ] \$385.00 (2801) [X] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. [X] A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.

[ ] B. Applicant(s) previously submitted the following documents for which continued examination is requested:

[ ] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on .

[ ] Consider the arguments in the Appeal Brief or Reply Brief previously filed on .

[ ] Other: \_\_\_\_\_

2. The following documents are enclosed with this submission:

[X] Amendment/Reply.

[ ] Affidavit(s)/Declaration(s).

[ ] Information Disclosure Statement (IDS).

[X] Petition for Extension of Time.

[ ] Other: \_\_\_\_\_

3. [ ] Small entity status is hereby claimed.

[X] No additional claim fee is required.

[X] The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

12/17/2003 NDAWTE1 00000047 024800 09902266

01 FC:1801 770.00 DA

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11/17/2004

01 FC:1201

430.00

(10/03)

## Request for Continued Examination Transmittal Letter

Application No. 09/902,266Attorney's Docket No. 016800-454

Page 2

CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$770.00 (1001)
Total Claims	37	MINUS 97 =	0	× \$18.00 (1202) =	
Independent Claims	19	MINUS 37 =	0	× \$86.00 (1201) =	
If multiple dependent claims are presented, add \$290.00 (1203)					
Total Fee					770
If small entity status is claimed, subtract 50% of Total Fee					
<b>TOTAL FEE DUE</b>					<b>\$770</b>

4. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed for the fee due.
5. ☒ Charge \$ 770 to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least \_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER &amp; MATHIS, L.L.P.

Date: December 15, 2003By: 

Martin A. Bruehs

Registration No. 45,635

P.O. Box 1404  
Alexandria, Virginia 22313-1404  
(703) 836-6620